

US EPA RECORDS CENTER REGION 5



462407

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**

*(Domestic Mail Only; No Insurance Coverage Provided)*

Article Sent To:

Postage

\$

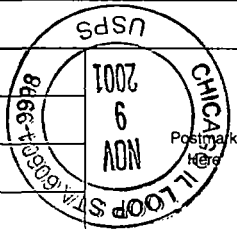
Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Postage & Fees

\$



Name

Centria

Street

f/k/a H.H. Robertson  
1005 Beaver Grade Road

City, St

Coraopolis, PA 15108

PS Form

Instructions

(re: CRS)

7099 3400 0000 004E 6602  
120E 8856 0000 004E 6602

## **Certified Mail Provides:**

- A mailing receipt
- A unique identifier for your mailpiece
- A signature upon delivery
- A record of delivery kept by the Postal Service for two years

### ***Important Reminders:***

- Certified Mail may **ONLY** be combined with First-Class Mail or Priority Mail.
- Certified Mail is *not* available for any class of international mail.
- **NO INSURANCE COVERAGE IS PROVIDED** with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "*Restricted Delivery*".
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

**IMPORTANT: Save this receipt and present it when making an inquiry.**

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address  
 2. ☐ Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

Centria  
 f/k/a H.H. Robertson  
 1005 Beaver Grade Road  
 Coraopolis, PA 15108

**4a. Article Number**

7099 3400 0000 95883021

**4b. Service Type**

- ☐ Registered ☒ Certified  
☐ Express Mail ☐ Insured  
☐ Return Receipt for Merchandise ☐ COD

**7. Date of Delivery**

11/14/01

**5. Received By: (Print Name)**

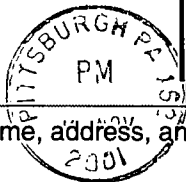
L. Kusluch

**6. Signature: (Addressee or Agent)**

X

**8. Addressee's Address (Only if requested and fee is paid)**

UNITED STATES POSTAL SERVICE

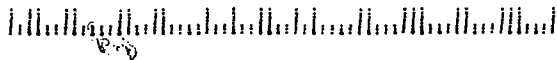


First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

U.S. EPA Region 5  
Deena Sheppard-Johnson, SR-6J  
Remedial Enforcement Support Sect.  
77 West Jackson Blvd.  
Chicago IL 60604 (re: CRS)

04^3511



U.S. Postal Service

**CERTIFIED MAIL RECEIPT**

*(Domestic Mail Only; No Insurance Coverage Provided)*

Article Sent To:

Postage

\$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Post

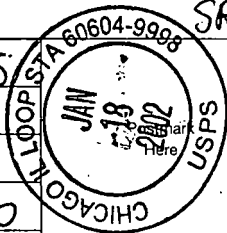
Name (Please

Street, Apt.

City, State,

Heico Acquisitions  
f/k/a H.H. Robertson

70 W. Madison St. Ste 5600  
Chicago, IL 60602



SR-6J

7099 3400 0000 9585 9491

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1. ☐ Addressee's Address  
 2. ☐ Restricted Delivery

Consult postmaster for fee.

## 3. Article Addressed to:

Heico Acquisitions  
 f/k/a H.H. Robertson  
 70 W. Madison St. Ste 5600  
 Chicago, IL 60602

## 4a. Article Number

7099 3400 0000 9585 9491

## 4b. Service Type

- ☐ Registered ☒ Certified  
☐ Express Mail ☐ Insured  
☐ Return Receipt for Merchandise ☐ COD

## 7. Date of Delivery

1/23/02

## 5. Received By: (Print Name)

Lillian Feden

## 6. Signature: (Addressee or Agent)

X Lillian Feden

## 8. Addressee's Address (Only if requested and fee is paid)



UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

U.S. EPA Region 5  
Deena Sheppard-Johnson, SR-6J  
Remedial Enforcement Support Sect.  
77 West Jackson Blvd.  
Chicago IL 60604 (re: CRS)

U.S. Postal Service

# CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage

\$

1.98

Certified Fee

2.30

Return Receipt Fee  
(Endorsement Required)

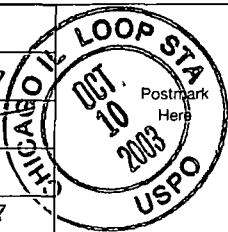
1.75

Restricted Delivery Fee  
(Endorsement Required)

Total Postage & Fees

\$

6.03



Sent To

Street, Apt.  
or PO Box

City, State,

**Centria**

**f/k/a H.H. Robertson**

**1005 Beaver Grade Road  
Coraopolis, PA 15108**

D. Sheppard  
SR-6J(CRS)

PS Form 3800

tions

7001 0320 0006 0294 2370

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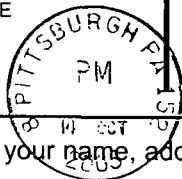
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**IMPORTANT: Save this receipt and present it when making an inquiry.**

102595-01-M-1424

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box

U.S. EPA Region 5  
Deena Sheppard-Johnson, SR-6J  
Remedial Enforcement Support Sect.  
77 West Jackson Blvd.  
Chicago IL 60604 (re: CRS)



U.S. Postal Service

# CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage

\$

1.98

Certified Fee

2.30

Return Receipt Fee  
(Endorsement Required)

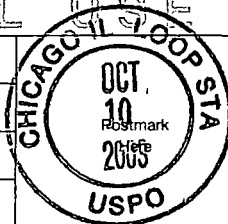
1.75

Restricted Delivery Fee  
(Endorsement Required)

Total Postage & Fees

\$

6.03



Sent To

Street, Apt.  
or PO Box

City, State,

McDermott, Will & Emery

Attn: Todd R. Wiener

227 West Monroe

Chicago, IL 60606

(re: H.H. Robertson)

D. Sheppard  
SR-6J(CRS)

7001 0320 0006 0294 2363

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**IMPORTANT: Save this receipt and present it when making an inquiry.**

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

McDermott, Will & Emery  
Attn: Todd R. Wiener  
227 West Monroe  
Chicago, IL 60606  
(re: H.H. Robertson)

2. Article Number

(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)

B. Date of Delivery

OCT 16 2003

C. Signature

X

☐ Agent☐ Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☐ No

OCT 17 2003

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box •

U.S. EPA Region 5  
Deena Sheppard-Johnson, SR-6J  
Remedial Enforcement Support Sect.  
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Chicago IL 60604 (re: CRS)

